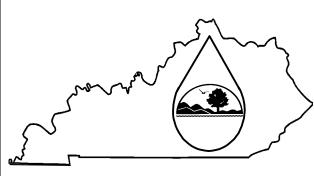
KPDES FORM 1



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

This is an application to: (check one)		A complete application consists of this form and one of the			
Apply for a new permit.		following:			
Apply for reissuance of exp Apply for a construction pe Modify an existing permit.	piring permit.	Form A, Form B, Form C, Form F, or Short Form C			
Apply for a construction pe	ermit.				
Modify an existing permit.		For additional information contact:			
Give reason for modification	on under Item II.A.	KPDES Branch (502) 564-34	10		
		AGENCY			
I. FACILITY LOCATION AN	D CONTACT INFORMATION	USE			
A. Name of business, municipality, comp Westlake Vinyls, Inc.					
B. Facility Name and Location		C. Facility Owner/Mailing Address			
Facility Location Name:		Owner Name:			
Westlake Vinyls, Inc.		Westlake Vinyls, Inc.			
Facility Location Address (i.e. street, road	d. etc.):	Mailing Street:			
	-,/.				
2672 Industrial Parkway Facility Location City, State, Zip Code:		PO Box 712 Mailing City, State, Zip Code:			
Facility Location City, State, Zip Code:		Maining City, State, Zip Code:			
Calvert City, KY 42029		Calvert City, KY 42029			
		Telephone Number:			
		270-395-4151			
caustic and chlorine in the cl division of Westlake Vinyls,	f activities, products, etc: Westlake nlor-alkali plant. Propane is conver Inc., uses chlorine and ethylene as oveon and Cymetech own and oper	ted to ethylene in the ethylene p feedstock for the EDC/VCM co ate a specialty polymers plant a	plant. Westlake Monomers, a omplex. Westlake's primary		
Other SIC Codes:	2812	2821 - Noveon	2869 - Cymetech		
III EACH ITY I OCATION					
A Attack of U.S. Coological Surr	you 7 1/ minute and draw als man for	the gite (See instructions)			
	vey 7 ½ minute quadrangle map for		: (1:1.1.)		
B. County where facility is located: Marshall		City where facility is located (if applicable): Calvert City			
C. Body of water receiving discharge:					
Tennessee River					
D. Facility Site Latitude (degrees, minutes, seconds):		Facility Site Longitude (degrees, minutes, seconds):			
N37 deg 03 min 19 sec		W88 deg 19 min 51 sec			
E. Method used to obtain latitude & longitude (see instructions): Topo Map					

F. Facility Dun and Bradstreet Number (DUNS #) (if applicable): 621544022

IV. OWNER/OPERATOR INFORMAT	TION					
A. Type of Ownership:						
Publicly Owned Privately Owned State Owned Both Public and Private Owned Federally owned						
B. Operator Contact Information (See instructions) Name of Treatment Plant Operator: Telephone Number:						
Westlake CA&O, a division of Westlake V	inyls, Inc.	270-395-3460				
Operator Mailing Address (Street): PO Box 712						
Operator Mailing Address (City, State, Zip Code):						
Calvert City, KY 42029 Is the operator also the owner?		Is the operator certified? If yes, list certification class and number below.				
Yes No 🗌		Yes No				
Closs IV		Certification Number:				
Class IV		04120				
V. EXISTING ENVIRONMENTAL PE						
Current NPDES Number:	Issue Date of Current Peri	nit:	Expiration Date of Current Permit:			
KY0003484	April 13, 2000 (Effective		2/29/04			
Number of Times Permit Reissued:	Date of Original Permit Is	suance:	Sludge Disposal Permit Number:			
7	11/25/74		NA			
Kentucky DOW Operational Permit #:	Kentucky DSMRE Permit	t Number(s):				
NA	NA		NA			
C. Which of the following additional environmental permit/registration categories will also apply to this facility?						
CATEGORY	EXISTING PER	RMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE			
Air Emission Source	V-00-022		NA			
Solid or Special Waste	NA		NA			
Hazardous Waste - Registration or Permit	KYD985072008		NA			
VI. DISCHARGE MONITORING REI	PORTS (DMRs)					
KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). The information in this section serves to specifically identify the department, office or individual you designate as responsible for submitting DMR forms to the Division of Water.						
A. Name of department, office or official submitting DMRs: Gary Shemwell, Plant Manager						
B. Address where DMR forms are to be sent. (Complete only if address is different from mailing address in Section I.)						
DMR Mailing Name:	Kevin P. Sheridan					
DMR Mailing Street:	P.O. Box 712					
DMR Mailing City, State, Zip Code:	Calvert City, KY 42029					
DMR Official Telephone Number:	270-395-3362					

VII. APPLICATION FILING FEE

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount. Descriptions of the base fee amounts are given in the "General Instructions."

Facility Fee Category:	Filing Fee Enclosed:
Major Industry	\$640.00

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):	
Gary Shemwell, Plant Manager	270-395-3500	
SIGNATURE	DATE:	

KPDES FORM 1 -- INSTRUCTIONS

Listed below are explanations of select Form 1 questions. If further information is needed concerning any question, please **contact Division of Water, KPDES Branch at (502) 564-3410.**

I. Facility Location and Contact Information

- A. Use the official or legal name of the business, company, municipality, etc. requesting permit.
- B. The facility name should be the name by which the facility is commonly known and/or uniquely identified. The information given as the facility name and location address should be the <u>actual location</u> of the facility (i.e. road name, highway number, not the P O Box address).
- C. The facility owner/contact address should be the legal permittee of record and is the address where correspondence regarding the application, permit, etc. for the facility will be sent unless otherwise indicated.

II. Facility Description

- A. Briefly describe the nature of the business and the activities being conducted that require a KPDES permit.
- B. The SIC codes are numbers and descriptions of activities classified by the Executive Office of the President, Office of Management and Budget. These are found in the 1987 Edition of the Standard Industrial Classification (SIC) Manual. List the SIC codes(s) that best describe the products or services provided by the facility in descending order of importance. If an SIC code book is not available, please describe in detail the nature of the business and activities conducted so that an appropriate code can be assigned.

III. Facility Location

- A. Attach a U.S. Geological Survey (USGS), 7 1/2 minute topographic quadrangle map(s) extending at least one mile beyond the property boundary of the discharge source. Depict or mark the facility and each of its intake and discharge structures. Also mark the locations of those wells, springs, surface water bodies, and drinking water wells listed in public records or otherwise known to the applicant within one-quarter mile of the facility property boundary. USGS maps may be obtained from the University of Kentucky, Mines and Minerals Bldg. Room 106, Lexington, Kentucky 40506. Phone: (859) 257-3896.
- B. List the county and, if applicable, city where facility is located.
- C. List the body of water receiving discharge.
- D. List the latitude and longitude for the facility site. The latitude/longitude reading for the site should be taken at the influent to the wastewater treatment plant, if applicable.
- E. List the method used to obtain the latitude and longitude (i.e. topo map coordinates, GPS reading, etc.)
- F. List the facility's Dun and Bradstreet Number if applicable.

IV. Owner/Operator Information

- A. Place a check in the applicable type ownership as listed.
- B. These sections must be completed by **all municipal and sanitary wastewater applicants** and other facilities as applicable.

List the name and address of the person who operates the sewage treatment plant.

Indicate if the operator is also the owner.

The operator must be currently certified with the Division of Water. For information concerning those requirements, contact: Division of Water, Certification Section, at (502) 564-3410.

List the Operator's Certification Class and Certification Number.

- V. List any existing environmental permits which the facility has or will be applying for.
- VI. List the address where Discharge Monitoring Report (DMR) forms are to be mailed.

VII. Application Filing Fee

The payment of a filing fee as listed below must accompany the application for a KPDES Permit. (Your check must be made payable to "Kentucky State Treasurer.") This fee will be applied toward the final discharge permit fee. The filing fee is not refundable if the application is withdrawn or the permit is denied. Listed below are the facility categories, associated base fees, and application filing fees. (See the "General Instructions" for definitions of facility categories.)

Facility Category	Base Fee	Application Filing Fee
Major Industry	\$3,200	\$640
Minor Industry	\$2,100	\$420
Non-Process Industry	\$1,000	\$200
Large Non-POTW	\$1,700	\$340
Intermediate Non-POTW	\$1,500	\$300
Small Non-POTW	\$1,000	\$200
Agriculture	\$1,200	\$240
Surface Mining Operation	\$1,200	\$240
501(c)(3)	\$100	\$20

If this application is for a new project, see the General Instructions for the applicable Construction Permit fee.

A permit application cannot be processed unless the application filing fee and (if applicable) construction permit fee is enclosed. Make your check payable to "Kentucky State Treasurer."

VIII. Certification

The permit application must be signed as follows:

Corporation: by a principal executive officer of at least the level of vice president.

Partnership or sole proprietorship: by a general partner or the proprietor respectively.

Municipality, state, federal, or other public agency: by either a principal executive officer or ranking elected official.